

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

COVER PAGE

STATE TREASURER
STATE OF CALIFORNIA

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)
2018 MAR 20 PM 2:38

Dowell

William

ADMINISTRATION

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

California State Treasurer's Office

Division, Board, Department, District, if applicable

Investment Division

Your Position

Director

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is ____/____/____, through December 31, 2017.

☐ **Leaving Office:** Date Left ____/____/____
(Check one)

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/____

☐ **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 2

Schedules attached

☒ **Schedule A-1 - Investments** – schedule attached

☐ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☐ **Schedule D - Income – Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income – Gifts – Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

915 Capitol Mall

Sacramento

CA

95814

DAYTIME TELEPHONE NUMBER

E-MAIL ADDRESS

(916) 653-3147

bdowell@treasurer.ca.gov

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 20, 2018

(month, day, year)

Signature

(File the originally signed statement with your filing official.)

SCHEDULE A-1**Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

William T. Dowell

▶ NAME OF BUSINESS ENTITY

American Honda

GENERAL DESCRIPTION OF THIS BUSINESS

Auto Mfg

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/17 ____/____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

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____/____/17 ____/____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

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☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

____/____/17 ____/____/17
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

Intel

GENERAL DESCRIPTION OF THIS BUSINESS

Chip Mfg

FAIR MARKET VALUE

☐ \$2,000 - \$10,000 ☒ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT

☒ Stock ☐ Other _____ (Describe)☐ Partnership ☐ Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

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IF APPLICABLE, LIST DATE:

____/____/17 ____/____/17
ACQUIRED DISPOSED

Comments: _____